1091124

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	_		
OMB	AP	PRO	/AL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden Hours per response....16.00

SEC US	SE ONLY
SEC USE C Prefix DATE RECI	Serial
}	
DATE R	ECEIVED
	-

ATTENTION Failure to file nonce in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

predicated on the ming of the second	
Name of Offering (check if this is an amendment and name has changed, and indicate chan SHARE EXCHANGE - COMMON STOCK AND SERIES B VOTING CONVERTIBLE	ge) PREFERRED STOCK
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	06 Section 4(6) ULOE
Type of Filing: New Filing	AND AND RED AND IRECT COME THE USE OF THE
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change GENESIS TECHNOLOGY GROUP, INC.	07079328
Address of Executive Offices (Number and Street, City, State, Zip Code)	
Flagress of Edward Control	(561) 988-9880
7900 GLADES ROAD, SUITE 420	(501) >00 >000
BOCA RATON, FLORIDA 33434 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number
· · · · · · · · · · · · · · · · · · ·	1
(if different from Executive Offices)	[()
Brief Description of Business	DUADMACEUTICAL DDODUCTS
DEVELOPMENT, MANUFACTURING, MARKETING AND DISTRIBUTION OF	PHARMACEOTICAL PRODUCTS
IN THE PEOPLE'S REPUBLIC OF CHINA	
Type of Business Organization	7.1
corporation limited partnership, already formed other	(please specify): limited liability
company	•
business trust limited partnership, to be formed	STOCESSED
Month Year	PROCESSED ☐ Estimated
Actual or Estimated Date of Incorporation or Organization: 0 8 0 1	OCT 2 ft 98877
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	- (
State: CN for Canada; FN for other foreign jurisdiction)	F L THOMSON FINANCIAL
CENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to this notice constitutes a part of this notice and must be completed.

		. BASIC IDENTIFIC	ATIO	N DATA		
2. Enter the information requ			AIIO	DATA		
		ng. as been organized with	in the p	ast five years:		
Each beneficial owner	r having the power to	vote or dispose, or dir			tion of, 10% or mo	re of a class of equity
securities of the issuer				احدد اصدست		C
			rporate	general and m	anaging partners of	f partnership issuers; and
			57			·
Check Box(es) that Apply:	Promoter	Beneficial Owner	_ ——	Executive Officer	□ Director □ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
CAO, WUBO						
Business or Residence Address						
MIDDLE SECTION, LONG	GMAO STREET, A	AREA A, LAIYANG	WAIX	CHINA 710	INDUSTRIAL I	PARK, LAIYANG
CITY, YANTAI, SHANDO				Executive		General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner		Officer	⊠ Director	Managing Partner
Full Name (Last name first, if i	ndividual)					
XU, HAIBO						
Business or Residence Address						
MIDDLE SECTION, LONG CITY, YANTAI, SHANDO	GMAO STREET, NG PROVINCE, I	AREA A, LAIYANG PEOPLE'S REPUBL	WAIX	KIANGXING CHINA 710	INDUSTRIAL I 075	PARK, LAIYANG
Check Box(es) that Apply:	Promoter	Beneficial Owner	☒	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	individual)	<u>-</u>				
DONG, LINING						
Business or Residence Address	(Number and Street	, City, State, Zip Code))			 -
MIDDLE SECTION, LONG	GMAO STREET, NG PROVINCE, I	AREA A, LAIYANG PEOPLE'S REPUBL	WAIX	KIANGXING CHINA 710	INDUSTRIAL 075	PARK, LAIYANG
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	<u> </u>				
	marviduar)					
YANG, WEIDONG	/Number and Street	City State Zin Code	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Business or Residence Address MIDDLE SECTION, LON				/AIXIANCX	ING INDUSTRI	AL PARK, LAIVANG
CITY, YANTAI, SHANDO	NG PROVINCE,	PEOPLE'S REPUBL	IC OF	CHINA 710	075	and Friday Dillimit
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			······································		
XIN, JINGSHENG	•					
Business or Residence Address	s (Number and Stree	t. City. State, Zip Code)			
MIDDLE SECTION, LONG	GMAO STREET,	AREA A, LAIYANG	WAI	XIANGXING	INDUSTRIAL	PARK, LAIYANG
	Promoter	Beneficial		Executive	Director	General and/or
Check Box(es) that Apply:	L. Promoter	Owner	دع	Officer		Managing Partner
Full Name (Last name first, if	individual)					
XUE, HONG	•					
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code				

MIDDLE SECTION, LONGMAO STREET, AREA A, LAIYANG WAIXIANGXING INDUSTRIAL PARK, LAIYANG CITY, YANTAI, SHANDONG PROVINCE, PEOPLE'S REPUBLIC OF CHINA 710075

		A. BASIC IDENTIFI	CATIO	VDATA		
. Enter the information requ	uested for the follow	ing:				
• Each promoter of the	issuer, if the issuer	has been organized wit				
Each beneficial owner securities of the issue		o vote or dispose, or di	rect the v	ote or disposi	ition of, 10% or m	ore of a class of equity
Each executive office	er and director of cor	porate issuers and of co	orporate	general and m	anaging partners o	f partnership issuers; and
• Each general and ma	naging partner of par	rtnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)					
FENG, XIAOWEI						
Business or Residence Addres MIDDLE SECTION, LON CITY, YANTAI, SHANDO	GMAO STREET,	AREA A, LAIYANG	G WAIX	HANGXING CHINA 710	INDUSTRIAL 075	PARK, LAIYANG
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)					
HUANG, LEI						
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code	;)			
MIDDLE SECTION, LON CITY, YANTAI, SHANDO	GMAO STREET,	AREA A, LAIYANG	G WAIX	(IANGXING CHINA, 710	INDUSTRIAL 0075	PARK, LAIYANG
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		General and/or Managing Partner
Full Name (Last name first, if	individual)					
all litatile (Dast name 1.10) is	,					
GE, JIAN					·	
GE, JIAN Business or Residence Addres MIDDLE SECTION, LON CITY, YANTAI, SHANDO	ss (Number and Street)	AREA A, LAIYAN	G WAD	(IANGXING CHINA, 710	G INDUSTRIAL 0075	PARK, LAIYANG
GE, JIAN Business or Residence Addres MIDDLE SECTION, LON	ss (Number and Street)	AREA A, LAIYAN	G WAD	CHINA, 710 Executive Officer	GINDUSTRIAL 0075	PARK, LAIYANG General and/or Managing Partner
GE, JIAN Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply:	ss (Number and Street) IGMAO STREET, ONG PROVINCE, Promoter	AREA A, LAIYANG PEOPLE'S REPUB Beneficial	G WAD	CHINA, 710 Executive	0075	General and/or
GE, JIAN Business or Residence Addres MIDDLE SECTION, LON CITY, YANTAI, SHANDC Check Box(es) that Apply: Full Name (Last name first, if	ss (Number and Street) IGMAO STREET, ONG PROVINCE, Promoter	AREA A, LAIYANG PEOPLE'S REPUB Beneficial	G WAD	CHINA, 710 Executive	0075	General and/or
GE, JIAN Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON	SS (Number and Street GMAO STREET, ONG PROVINCE, Promoter Findividual) SS (Number and Street GMAO STREET,	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code, AREA A, LAIYANG	G WAI) LIC OF	CHINA, 710 Executive Officer (IANGXING	Director Director	General and/or Managing Partner
GE, JIAN Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO	SS (Number and Street GMAO STREET, ONG PROVINCE, Promoter Findividual) SS (Number and Street GMAO STREET,	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG	G WAI) LIC OF	CHINA, 710 Executive Officer (IANGXING	Director Director	General and/or Managing Partner
GE, JIAN Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply:	ss (Number and Street GMAO STREET, ONG PROVINCE, Promoter findividual) ss (Number and Street GMAO STREET, ONG PROVINCE, Promoter	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG PEOPLE'S REPUB Beneficial	E WAID	CHINA, 710 Executive Officer (IANGXING CHINA, 710 Executive	Director Director INDUSTRIAL	General and/or Managing Partner PARK, LAIYANG General and/or
GE, JIAN Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply:	ss (Number and Street GMAO STREET, ONG PROVINCE, Promoter findividual) ss (Number and Street GMAO STREET, ONG PROVINCE, Promoter	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG PEOPLE'S REPUB Beneficial	E WAID	CHINA, 710 Executive Officer (IANGXING CHINA, 710 Executive	Director Director INDUSTRIAL	General and/or Managing Partner PARK, LAIYANG General and/or
GE, JIAN Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ARBOLEDA, RODRIGO Business or Residence Address	ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter Findividual) ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter findividual) ss (Number and Street findividual)	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code Code Code Code Code Code Code Code	G WAD LIC OF G WAD LIC OF	CHINA, 710 Executive Officer (IANGXING CHINA, 710 Executive	Director Director INDUSTRIAL	General and/or Managing Partner PARK, LAIYANG General and/or
Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if	ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter Findividual) ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter findividual) ss (Number and Street findividual)	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code Code Code Code Code Code Code Code	G WAD LIC OF G WAD LIC OF	CHINA, 710 Executive Officer (IANGXING CHINA, 710 Executive	Director Director INDUSTRIAL	General and/or Managing Partner PARK, LAIYANG General and/or
Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ARBOLEDA, RODRIGO Business or Residence Address Sol BRICKELL KEY DRIV Check Box(es) that Apply:	ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter Findividual) ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter findividual) ss (Number and Street Individual) ss (Number and Street Individual) promoter Promoter	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AMI, FLORIDA 3313 Beneficial	e) G WAID LIC OF G WAID LIC OF	CHINA, 710 Executive Officer CHINA, 710 CHINA, 710 Executive Officer Executive	Director GINDUSTRIAL 0075 Director	General and/or Managing Partner PARK, LAIYANG General and/or Managing Partner General and/or
Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ZHANG, YIHUA Business or Residence Address MIDDLE SECTION, LON CITY, YANTAI, SHANDO Check Box(es) that Apply: Full Name (Last name first, if ARBOLEDA, RODRIGO Business or Residence Address 501 BRICKELL KEY DRIV	ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter Findividual) ss (Number and Street IGMAO STREET, ONG PROVINCE, Promoter findividual) ss (Number and Street Individual) ss (Number and Street Individual) promoter Promoter	AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AREA A, LAIYANG PEOPLE'S REPUB Beneficial Owner et, City, State, Zip Code AMI, FLORIDA 3313 Beneficial	e) G WAID LIC OF G WAID LIC OF	CHINA, 710 Executive Officer CHINA, 710 CHINA, 710 Executive Officer Executive	Director GINDUSTRIAL 0075 Director	General and/or Managing Partner PARK, LAIYANG General and/or Managing Partner General and/or

,

.

	Α.	BASIC IDENTIFIC	CATION DATA		
2. Enter the information req					
	issuer, if the issuer ha		nin the past five years;		
	er having the power to			tion of, 10% or mo	ore of a class of equity
		orate issuers and of co	orporate general and ma	anaging partners of	f partnership issuers; and
	maging partner of partr				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if					
SUNG, ELSA					
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)		
1643 ROYAL GROVE WA'	Y, WESTON, FLORI	DA 33327			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
WANG, RENHUI					
Business or Residence Addres	ss (Number and Street,	City, State, Zip Code)		
NO. 57-2-14-1 CHAOYAN					
Check Box(es) that Apply:	Promoter	⊠ Beneficial	Executive	☐ Director	General and/or
		Owner	Officer		Managing Partner
Full Name (Last name first, if					
VERDA INTERNATIONA					
Business or Residence Address				i ese deditoi l	C OF CHINA
A-1 BUILDING DASI STE	Promoter	Beneficial	Executive	Director	General and/or
Check Box(es) that Apply:	Promoter	Owner	Officer	☐ Director	Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code	:)		
Check Box(es) that Apply:	Promoter	☐ Beneficial	☐ Executive	☐ Director	General and/or
Check Dox(cs) that rippiy		Owner	Officer		Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code	e) ·		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	<u> </u>			
	 				<u> </u>
Business or Residence Addre	ss (Number and Street,	City, State, Zip Code	e)		

				R 17	VEORMA"	TION A RO	OUT OFFE	RING				
											Yes	No
1. Has t	he issuer so	ld, or does	the issuer in	ntend to sel	I, to non-ac	credited in	vestors in th	his offering	? Эг			\boxtimes
2. What	is the mini	mum inves	A tment that v				n 2, if filing ual?	, unuer ULC	شاف		7	N/A
at	we mun					•						
3. Does	the offering	g permit joi	int ownershi	ip of a sing	le unit?			*****************	•••••••	******	Yes	No ⊠
4. Ente	r the inform	nation requ	ested for ea	ach person	who has be	een or will	be paid or	given, dire	ectly or ind	lirectly, any		
com	mission or	similar rer	nuneration	for solicita	ation of pu	irchasers ir	n connectio	n with sale	es of secui	rities in the		
offer with	ring, If a per a state or s	rson to be l tates. list th	isted is an a	issociated p the broker	person or ag or dealer	gent of a br If more the	oker or dea an five (5) i	ter registers persons to b	ed with the be listed are	SEC and/or e associated		
perso	ons of such	a broker or	dealer, you	may set fo	orth the info	rmation for	r that broke	r or dealer o	only.			
	me (Last nai											
NONE												
Busines	s or Resider	nce Address	s (Number a	and Street,	City, State,	Zip Code)	_					
Name of	f Associated	i Broker or	Dealer				······································					
States in	Which Per	son Listed	Has Solicite	ed or Intend	ds to Solicit	Purchaser	.s				<u></u>	
(Charle	· ·· All Ctatas	¹⁹ Or chack	individual S	States				,,,,,	**********	******		All States
•	An States											
[AL]	[AK]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] (MD)	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
(IL) [MT]	[IN] [NE]	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] 、	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if	ındividual)								_	
Busines	s or Reside	nce Addres	s (Number a	and Street,	City, State,	Zip Code)	ı					
Name o	f Associated	1 Broker or	Dealer	<u> </u>						<u></u>		
Ctatas:	Which De	ron Listad	Has Solicit	ed or Inter-	ds to Solicia	t Purchaser	<u> </u>					
											_	, 11 6
(Check	k "All State:	s" or check	individual	States)					••••••		Ц	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[MT] [RI]	[NE]	[SD]_	[TN]	[TX]	[TU]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	me (Last na	me first, if	individual)									
Busines	s or Reside	nce Addres	ss (Number	and Street,	City, State,	, Zip Code))	· · · · · · · · · · · · · · · · · ·	<u></u>			
•	of Associate										·	
				ad on Inte	de to Colle	† Purchase	*					
			Has Solicit								_	
(Checi	k "All State	s" or check	individual	States)		**************			***************************************	·····		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI] [MS]	[ID] [MO]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS} [NH]	[KY] [NJ]	{LA} [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	(MN) (OK)	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[ບາ]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	JSE OF PROCEEDS		
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box	•		
Type of Security	Amount of Securities Offered For Exchange		nount Already Exchanged
Debt	0		0
Equity – COMMON STOCK, PAR VALUE \$0.001	597		597
Common Preferred (see below, Convertible Securities)		•	· · · · · · · · · · · · · · · · · · ·
Convertible Securities: SERIES B VOTING CONVERTIBLE PREFERRED STOCK, PAR VALUE \$0.001	5,995,780	-	5,995 <u>,</u> 780
Partnership Interests	0		0
Other (Specify)	0	•	0
Total	5,996,377	•	5,996,377
	3,550,577	-	
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504 indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."	,		
	Number Investors	C	Aggregate collar Amount of Exchanged curities (at par value)
Accredited Investors	19	\$	5,996.38
Non-accredited Investors	0	\$	0
Total (for filings under Rule 504 only)	0	\$	0
			·
Answer also in Appendix, Column 4, if filing under ULOE.			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for al securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12 months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.) 1		
Type of offering	Type of	D	Oollar Amount
	Security	S	Sold
Rule 505			- _
Regulation A		S	
Rule 504		\$	
Total		\$	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the issued The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•,		
Transfer Agent's Fees		\$	0
Printing and Engraving Costs		\$	0
Legal Fees		\$	74,546
Accounting Fees and Escrow Fees		\$	250,000
Engineering Fees		\$	0
Sales Commissions (specify finders' fees separately)		\$	0
Other Expenses (identify)		S	0
Total			324,546

C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSE	S AND	USE	OF PROCI	EDS		
b. Enter the difference between the aggregate of total expenses furnished in response to Part C – Q to the issuer."	uestion 4.a. This difference is the "ac	ljusted	gross	proceeds	\$ ~	(Share	N/A Exchange)
5. Indicate below the amount of the adjusted gross process the purposes shown. If the amount for any purposes the left of the estimate. The total of the payment set forth in response to Part C – Question 4.b. about	ose is not known, furnish an estimate s listed must equal the adjusted gross	and ch	ieck t	he box to			
-			D:	lyments to Officers, irectors & Affiliates		Paym Other	nents To
Salaries and fees			\$	0		\$	0
Purchase of real estate	***************************************		\$. 0		\$	0
Purchase, rental or leasing and installation of machin			\$	0		\$	0
Construction or leasing of plant buildings and faciliti	es		\$	0		\$ -	0
Acquisition of other businesses (including the value offering that may be used in exchange for the assets	of securities involved in this						
pursuant to a merger)	or securities of another 135acr		\$	0		\$	
Repayment of indebtedness			\$	0		\$ _	0
Working capital (includes product licensing and adve	ertising and marketing)		\$	0		\$	0
Other (specify):						\$	
			\$	0		\$	0
Column Totals	•••••••••••••••••••••••••••••••••••••••		\$	0		\$ [0
Total Payments Listed (column totals added)						\$.	0
	D. FEDERAL SIGNATURE						
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the of its staff, the information furnished by the issuer to	e issuer to furnish to the U.S. Securit	ies and	Exch	iange Commi	ssion,	upon w	Rule 505, the rritten request
Issuer (Print or Type) GENESIS TECHNOLOGY GROUP, INC.	Signature		Date OC	е товек <u>19</u>	, 2007		
Name of Signer (Print or Type)	Title of Signer (Print or Type) CHIEF EXECUTIVE OFFICER	.				<u> </u>	
CAO WUBO	CITED DIEDOTTI DOTTION	·					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

	E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 pre	sently subject to any of the disqualification prov	visions of such rule? Yes No
Se	e Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required l	irnish to any state administrator of any state in w by state law.	hich this notice is filed, a notice on Form
3. The undersigned issuer hereby undertakes to fu to offerees.	arnish to the state administrators, upon written re	quest, information furnished by the issuer
4. The undersigned issuer represents that the issue Offering Exemption (ULOE) of the state in vexemption has the burden of establishing that the	vhich this notice is filed and understands that the	fied to be entitled to the Uniform Limited ne issuer claiming the availability of this
The issuer has read this notification and knows tundersigned duly authorized person.	the contents to be true and has duly caused this	notice to be signed on its behalf by the
Issuer (Print or Type) GENESIS TECHNOLOGY GROUP, INC.	Signature	Date OCTOBER <u>19</u> , 2007
Name of Signer (Print or Type) CAO WUBO	Title of Signer (Print or Type) CHIEF EXECUTIVE OFFICER	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APPEND	IX						
1	Intend non-acc	to sell to credited s in State — Item 1)	Type of security and aggregate amount offered for exchange in state (Part C – Item 1)		Type of investor and Amount exchanged in State (Part C – Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	ittii ()	Number of Accredited Investors	Amount (calculated at par value)	Number of Non- Accredited Investors	Amount	Yes	No		
AL											
AK								-			
AZ	<u> </u>										
AR											
CA											
СО											
СТ	<u> </u>										
DE											
DC								<u> </u>	<u> </u>		
FL									ļ		
GA								<u> </u>			
HI				<u> </u>				-			
ID .							 	ļ			
IL		X	Common Stock: 39 shares Series B Voting Convertible Preferred Stock: 159,887 shares	1	\$159.93	0	0		X		
IN		_					-	ļ	-		
IA		-		<u> </u>					1		
KS				-		<u> </u>		 	<u> </u>		
KY		 		 				 			
LA		<u> </u>	,			<u> </u>		 	-		
ME		<u> </u>		 	1			 			
MD.		<u> </u>		-		1	1	1			
MA				 	<u> </u>	 	1	-	-		
MI				 	 	<u> </u>			-		
MN			1	.∤			•				

				APPEND	IX		- <u>-</u>				
1	investors		Type of security and aggregate amount offered for exchange in state (Part C - Item 1)	Type of investor and Amount exchanged in State (Part C – Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No		Number of Accredited Investors	Amount (calculated at par value)	Number of Non- Accredited Investors	Amount	Yes	No		
MS											
МО					-				ļ		
МТ											
NE	<u> </u>			<u> </u>				<u> </u>			
NV											
NH	<u> </u>										
NJ									ļ		
NM				<u></u>							
NY											
NC											
ND .											
ОН											
OK											
OR											
PA .								<u></u>			
RI											
SC	<u> </u>										
SD											
TN	1										
TX											
UT											
VT	†										
VA	 										
WA	 					-					
wv	+		 	1		,					
WI -											
WY				<u> </u>							
	 	 		 	-		-				
PR	1		<u> </u>	1	<u></u>		<u> </u>				

٠,

				APPEND	OIX				
1	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate amount offered for exchange in state (Part C – Item 1)	Type of investor and Amount exchanged in State (Part C – Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No		Number of Accredited Investors	Amount (calculated at par value)	Number of Non- Accredited Investors	Amount	Yes	No
FOREIGN		X	Common Stock: 558 shares Series B Voting Convertible Preferred Stock: 5,935,893 shares	184	\$5,936.45	0	0	·	х



¹ Eighteen of the accredited investors disclosed herein reside in the People's Republic of China.